
OVERVIEW

The caseworker must use the Child Assessment of Needs and Strengths (CANS) to evaluate and prioritize the needs and strengths of each child. The CANS has four separate assessments based on the child's chronological age. The caseworker uses the CANS to systematically identify critical child issues and help plan effective service interventions.

Caseworkers **must** engage the parents or guardians, the child's caregivers, and the child, if age appropriate, in the discussion of the child's needs and strengths. The CANS serves several purposes:

- Ensures that all caseworkers consistently consider each child's strengths and needs in an objective manner with consideration for the age and developmental stage of the child.
- Allows for the identification of situational concerns that will require additional monitoring.
- Provides an important case planning reference tool for caseworkers and supervisors.
- Serves as a mechanism to evaluate and prioritize referrals for services to address a child's needs.
- Ensures the family identifies and discusses the child's needs and strengths.
- Periodic reassessments allow caseworkers and supervisors to easily assess changes in the child's functioning and evaluate the impact of services while offering the parents or guardians, and child, when age-appropriate, an opportunity to assess the child's progress.
- Collective data provides information on the problems children face. The Michigan Department of Health and Human Services (MDHHS) can use these statistics to develop resources to meet children's needs.

COMPLETION REQUIREMENTS

The caseworker must complete a CANS for all children in cases open for foster care services. The caseworker must complete the CANS prior to completion of the initial DHS-441, Case Service Plan. The caseworker must also reassess the child using the CANS

prior to the completion of each updated DHS-441, Case Service Plan, or DHS-442, Permanent Ward Service Plan. The caseworker must complete additional CANS assessments if the child requires a service referral, beyond crisis intervention, for a new need that the caseworker did not score as such in the previous CANS.

MDHHS and placement agency foster care (PAFC) caseworkers must complete the age-appropriate CANS in MiSACWIS. Residential providers must complete the CANS contained in the age-appropriate residential initial or updated service plan.

Appropriate Completion

The caseworker must assess each child using the assessment tool specified for the child's chronological age. The caseworker must complete all items on the CANS. The four assessment scales for children, based on age, are as follows:

- Ages 0 through 3 years.
- Ages 4 through 9 years.
- Ages 10 through 13 years.
- Ages 14 years and over.

Items on the scales are similar, but different scoring definitions are present for different age groups. Scoring definitions for each domain are in this item, below.

In cases where the parent or caretaker refuses to participate in interviews or cannot be located and credible information from other sources to complete an item is unavailable, the caseworker may enter a *US* (unable to score) on the appropriate line. This procedure is only available for use on the initial CANS. See [FOM 722-08, Case Service Plans - Overview, Types, and Timeframes](#), for definitions of unable to locate and refuses participation.

The caseworker begins collecting information to complete the scale items through interviews with the family, the child, if age appropriate, the placement resources, collateral contacts, and review of available documentation. **The caseworker must include narrative justification of the score selected for each CANS domain, including professional observations and information from other sources, regardless of whether the caseworker scored the domain as a strength, need, or situational concern.** A statement that the scored domain is not an area of concern is **not** an adequate narrative justification.

Decisions

The caseworker must use the CANS to identify and prioritize child needs and strengths. The caseworker must address the child's needs and strengths in the treatment plan; see [FOM 722-08D, Treatment Plans](#). For this policy item, the treatment plan includes the following documents:

- DHS-441a, Parent Agency Treatment Plan.
- DHS-442a, Permanent Ward Treatment Plan.
- Parent-Agency Treatment Plan and Service Agreement section of the following residential service plans:
 - [DHS-365, Children's Foster Care Residential ISP \(4-9 yrs\)](#).
 - [DHS-365-A, Children's Foster Care Residential Initial Service Plan \(10-13 yrs\)](#).
 - [DHS-365-B, Children's Foster Care Residential Initial Service Plan \(14 yrs and older\)](#).
 - [DHS-366, Children's Foster Care Residential Updated Service Plan \(4-9 yrs\)](#).
 - [DHS-366-A, Children's Foster Care Residential Updated Service Plan \(10-13 yrs\)](#).
 - [DHS-366-B, Children's Foster Care Residential Updated Service Plan \(14 yrs and older\)](#).

Weighted scales for each domain indicate the priority for service provision.

- Any domain scored with a positive number is a strength.
- Any domain scored a zero on the assessment indicates appropriate behavior or functioning. This may include instances where the child has had a prior need but has responded to treatment intervention. Items scored as zero on the assessment may, but do not have to, be considered a strength.
- A situational concern is an issue identified for a child that is short term and may be in response to a recent event or change in placement or in the child's family. The caseworker **must not** identify a situational concern for the same domain in

consecutive service plan periods. If the issue persists beyond the case planning period, the caseworker must score that domain as a need.

- Any domain scored with a negative number, that is not a situational concern, is a need.

If the child has three or more domains scored as a need, MiSACWIS identifies the three CANS domains that received the negative score farthest from zero as the child's primary needs. MiSACWIS may identify additional primary needs if there are multiple domains with the same need score. The caseworker may override a primary need in MiSACWIS if the caseworker has assessed that, due to the child's circumstances, another need area is having a more significant negative impact on the child's well-being. If the caseworker has scored fewer than three domains as needs, it is not required to identify three primary needs.

The caseworker identifies up to three strengths as scored on the assessment scale **and** any other strengths identified through the assessment process. The caseworker must include the child's strengths into the case service plan and must incorporate the child's strengths, where appropriate, to help meet the child's needs. The caseworker must link the child's strengths to the treatment plan in MiSACWIS.

The caseworker must make referrals for services to address all identified needs. If there is a conflict between two or more services, the caseworker must prioritize the service identified to address the child's primary needs. If there is a conflict between services to address primary needs, the caseworker must prioritize the service that will address the need with the negative score farthest from zero.

If the child is not able to participate in a service to meet an identified need during the upcoming report period due, the caseworker must document the following in the case service plan:

- The existing barrier preventing the child from participating in a service to meet the identified need.
- The actions the caseworker is taking to resolve the barrier to the child's participation in a service to meet the need, and the expected timeframe for resolving that barrier.

- The actions the caseworker, caregivers, and parents are taking to ensure the child's safety and well-being until a service can be located or begun.

Substance Use

MiSACWIS automatically calculates any need in the substance use domain as a primary need, and the caseworker cannot override a need in this domain. The caseworker must prioritize services for any scored need in the substance use domain as a primary need, regardless of the scoring of other needs. The caseworker must address any need scored for substance use in the case service plan and treatment plan.

ASSESSMENT DOMAINS AND SCORING DEFINITIONS FOR CHILDREN AGES 0-3 YEARS

Caseworkers who are assessing children ages three and under who were born prematurely must assess the child based on chronological age, not based on their adjusted age. For example, a child who was born four months prior to the assessment and two months prematurely would be assessed according to their chronological age of four months old, **not** their adjusted age of two months old.

C1. Medical/Physical

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

- A. Good health. Child has no known health care needs. Child receives routine preventive and medical, dental, and vision care, immunizations, health screenings, and hygiene care. If child is nine months of age or older and resides in a high-risk environment for lead exposure, the child has received a lead exposure screening.
- B. Adequate health. Child has no unmet health care needs or has minor health problems, such as allergy shots or medications, that can be addressed with routine intervention. Age-

appropriate immunizations, annual medical exams, and required health screenings are current.

- C. Situational concern. Child has one or more a special conditions or health concerns, such as lice, respiratory virus, ear infection, or bone fracture, that may require temporary medical treatment not anticipated to exceed 90 days, such as follow-up with medical personnel or administering of prescription or over-the-counter medications; or child has not received required immunizations or health screenings, including lead exposure if child resided in a high risk environment for lead exposure.
- D. Impaired health. Child has one or more medical conditions that may impair daily functioning, including severe asthma, eczema, or allergies, and requires ongoing interventions. This may include effects of prenatal drug exposure or effects of lead exposure.
- E. Severely impaired health. Child has one or more serious, chronic, or acute health conditions, such as failure to thrive, diabetes, cerebral palsy, or pronounced effects of lead exposure, that severely impairs functioning and requires ongoing intervention.

C2. Social/Emotional Development and Attachment

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessment or services **and** developmental assessments or services.

If the [MDHHS-5719, Trauma Screening Checklist \(Ages 0-5\)](#), was completed during this report period, the caseworker must summarize the results in this section; see [FOM 802, Mental Health, Behavioral, and Developmental Needs of Children Under the Supervision of MDHHS](#).

For additional information on social and emotional development to assist in assessing this item, visit [The Whole Child - ABCs of Child Care - Social and Emotional Development](#) and [Enfamil US Articles and Videos of Child Development](#).

- A. Healthy social and emotional development and attachment. Child consistently exhibits an age-appropriate range of emotional behaviors such as self-confidence, competency, a

high degree of self-regulation, and independence within their caregiving situations and social environments. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.

- B. Appropriate social and emotional development and attachment. Child generally exhibits an age-appropriate range of emotional behaviors such as happiness, pleasure, contentment, distress, anxiety, anger, sadness, and playfulness that are consistent with their caregiving situations and social environment. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.
- C. Situational concern. Child demonstrates some symptoms reflecting situational emotional responses related to changes in primary caregiving relationships such as removal, placement changes, or reunification. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin. This does not include temporary responses to parental visitation, such as minor sleep disturbances during the night following visitation or uncharacteristic temper tantrums during the days following visitation.
- D. Limited social and emotional development and attachment. Child displays a limited range of age-appropriate emotional behaviors and responses to the caregiving relationship. Child is irritable in general and not soothed by caregivers. Problems may include, but are not limited to, withdrawal from social contact, flat affect, changes in sleeping or eating patterns, increased aggression, or low frustration tolerance. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.
- E. Severely limited social and emotional development and attachment. Child displays a severely limited range of age-appropriate emotional behaviors and response to the caregiving relationship, which may be characterized by a persistent lack of affect, no boundaries, severe temper tantrums, head banging, hair pulling, breath holding, severe anxiety, or inability to calm self. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.

**C3. Cognitive/
Intellectual
Development**

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

- A. Advanced cognitive and intellectual development. Child's cognitive skills are above chronological age level. Child meets all cognitive developmental milestones.
- B. Age-appropriate cognitive and intellectual development. Child's cognitive development skills are consistent with chronological age level. Child demonstrates most cognitive developmental milestones.
- C. Situational concern. Child has a situational concern in cognitive development that causes an interruption in progress toward developmental milestone achievement.
- D. Limited cognitive and intellectual development. Child has some delays in meeting age-appropriate cognitive developmental milestones that require support services and intervention.
- E. Severely limited cognitive and intellectual development. Child has significant delays in meeting cognitive developmental milestones that require formalized services and structured intervention.

**C4. Sexual
Behavior**

- A. Healthy sexual adjustment and behavior. Child displays no signs or history of sexual abuse or exploitation. Child exhibits developmentally appropriate sexual awareness and interest, such as temporary heightened awareness of genitalia because of toilet training.
- B. Appropriate sexual adjustment and behavior. Child does not show any indications of their past sexual abuse and responds to treatment/intervention. Child may participate in age-appropriate sexual behavior or may show age-appropriate

interest in sexuality, such as temporary heightened awareness of genitalia because of toilet training.

- C. Situational concern. Child has begun to exhibit a heightened interest or awareness of sexuality that may be a developmental response to the current situation, such as recent placement in out-of-home care, toilet training, stress, or over-stimulation in the child's environment.
- D. Compromised sexual adjustment and behavior. Child displays ongoing behaviors that are more sexualized than same-aged children exhibit, such as increased masturbation or regression in toilet training.
- E. Severely compromised sexual adjustment and behavior. Child exhibits extreme sexualized behaviors, which may include frequent masturbation or persistent sexually acting out behaviors toward others.

C5. Physical/Motor Development

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

- A. Advanced physical and motor development. Child's physical development skills are above chronological age level. Child meets all physical developmental milestones.
- B. Age-appropriate physical and motor development. Child's physical development skills are consistent with chronological age level. Child meets most physical developmental milestones.
- C. Situational concern. Child has a situational concern in physical development that causes an interruption in progress toward developmental milestone achievement.
- D. Limited physical and motor development. Child has some delays in meeting physical developmental milestones that require some intervention.

- E. Severely limited physical and motor development. Child has significant delays in meeting physical developmental milestones that require formalized, structured intervention.

C6. Language/ Communication Skills

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

- A. Advanced language and communication skills. Child's language and communication skills are above chronological age level. Child meets all language developmental milestones.
- B. Age-appropriate language and communication skills. Child's language and communication skills are consistent with chronological age level. Child meets most language developmental milestones.
- C. Situational concern. Child has a situational concern in language and communication development as the result of a traumatic experience that causes an interruption in progress toward developmental milestone achievement and/or minor regression.
- D. Limited language and communication skills. Child has some delays in meeting language/communication developmental milestones that require some intervention.
- E. Severely limited language and communication skills. Child has significant delays in meeting language and communication developmental milestones that require formalized, structured intervention.

**ASSESSMENT
DOMAINS AND
SCORING
DEFINITIONS FOR
CHILDREN AGES 4-9
YEARS****C1. Medical/
Physical**

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

- A. Good health. Child has no known health care needs. Child receives routine preventive and medical, dental, and vision care, immunizations, health screenings, and hygiene care. If child resided in a high-risk environment for lead exposure, the child has received a lead exposure screening.
- B. Adequate health. Child has no unmet health care needs or has minor health problems, such as allergy shots or medications, that can be addressed with routine intervention. Age-appropriate immunizations, annual medical exams, and required health screenings are current.
- C. Situational concern. Child has one or more a special conditions or health concerns, such as lice, respiratory virus, ear infection, or bone fracture, that may require temporary medical treatment not anticipated to exceed 90 days, such as follow-up with medical personnel or administering of prescription or over-the-counter medications; or child has not received required immunizations or health screenings, including lead exposure if child resided in a high risk environment for lead exposure.
- D. Impaired health. Child has one or more medical conditions that may impair daily functioning, including severe asthma, eczema, or allergies, and requires ongoing interventions. This may include effects of prenatal drug exposure or effects of lead exposure.
- E. Severely impaired health. Child has one or more serious, chronic, or acute health conditions, such as failure to thrive, diabetes, cerebral palsy, or pronounced effects of lead exposure, that severely impairs functioning and requires ongoing intervention.

C2. Mental Health and Well-Being

If the [MDHHS-5719, Trauma Screening Checklist \(Ages 0-5\)](#), or the [MDHHS-5720, Trauma Screening Checklist \(Ages 6-18\)](#), were completed during this report period, the caseworker must summarize the results in this section; see [FOM 802, Mental Health, Behavioral, and Developmental Needs of Children Under the Supervision of MDHHS](#).

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessments or services.

- A. Healthy emotional behavior and coping skills. Child consistently exhibits an age-appropriate range of emotional behaviors. Child displays strong age-appropriate coping skills in dealing with disappointment, anger, grief, stress, and daily challenges in home, school, and community. Child is able to identify the need for, seeks, and accepts guidance. Child has a positive and hopeful attitude and readily adjusts to new situations.
- B. Appropriate emotional behavior and coping skills. Child generally exhibits an age-appropriate range of emotional behaviors. Child displays developmentally appropriate emotional coping responses that do not, or minimally, interfere with school, family, or community functioning. Child has age-appropriate ability to cope with a range of emotions and social environments. Child has ability to adjust to new situations.
- C. Situational concern. Child may demonstrate some symptoms reflecting situational sadness, anxiety, aggression, or withdrawal. Maintains situationally appropriate emotional control. This does not include short-term adverse reactions to parental visitation but could include response to initial placement or re-placement, such as temper tantrums, nightmares, loss of appetite, or bedwetting.
- D. Limited emotional behavior and coping skills. Child has some difficulty dealing with daily stresses, crises, or problems, which interferes with family, school, or community functioning. Problems may include, but are not limited to, withdrawal from social interaction, flat affect, changes in sleeping or eating patterns, increased aggression, or unusually low frustration tolerance.

- E. Severely limited emotional behavior and coping skills. Child has consistent difficulty dealing with daily stresses, crises, or problems, which severely impairs family, school, or community functioning. Child may have diagnosed psychiatric disturbance and may demonstrate severe behavior such as fire setting, suicidal behavior, violence toward people or animals, or self-mutilation. Child frequently threatens to run away from placement.

C3. Child Development

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

- A. Advanced development. Child's development is above chronological age level. Child meets all physical, language and communication, and cognitive developmental milestones.
- B. Age-appropriate development. Child's development is consistent with chronological age level. Child meets most physical, language and communication, and cognitive developmental milestones.
- C. Situational concern. Child has a situational concern in physical, language and communication, or cognitive development as the result of an experience, which causes an interruption in progress toward developmental milestone achievement.
- D. Limited development. Child has some delays in meeting physical, language and communication, or cognitive developmental milestones. Some services and intervention required.
- E. Severely limited development. Child has severe delays in meeting physical, language and communication, or cognitive developmental milestones. Formalized services and structured intervention required.

**C4. Family and
Kin/Fictive Kin
Relationships/
Attachments**

Score the child's interaction with their family, including those individuals the child is related to or views as family. For children in placement, base assessment on visits and other contact such as telephone contact or letters.

- A. Nurturing and supportive relationships and attachments. Child has positive interactions with and exhibits strong attachments to family, kin, fictive kin, or caregiver. Child has sense of belonging with family.
- B. Appropriate relationships and attachments. Child has positive interactions with and exhibits appropriate attachments to family, kin, fictive kin, or caregiver despite some minor conflicts.
- C. Situational concern. Child experiences temporary strain in interaction with family members. Child may be temporarily angry with the family or lacks desire for family interaction such as visitation or telephone contact. Child may threaten truancy if visit occurs or refuse to participate in family therapy.
- D. Limited relationships and attachments. Child does not have positive interactions with family and does not exhibit appropriate attachments to family, kin, fictive kin, or caregiver. Child does not have a sense of belonging with family.
- E. Severely limited or no relationships or attachments. Child does not interact, or has non-supportive, destructive interactions, with family and exhibits negative attachments to family, kin, fictive kin, or caregiver.

C5. Education

- A. Exceptional academic achievement. Child is working above grade level or is exceeding the expectations of the child's specific educational plan. If child is not of mandatory school age and is not attending school, the child's cognitive functioning exceeds developmental milestones.
- B. Adequate achievement. Child is working at grade level or is meeting expectations of the child's specific educational plan. If the child is not of mandatory school age and is not attending

school, the child meets most cognitive developmental milestones. If there are early intervention needs, the child is participating in early intervention services and is meeting or exceeding the goals and expectations of the early intervention plan.

- C. Situational concern. Child may demonstrate some school difficulties such as decreased concentration in the classroom, acting-out behavior, or regression in academic performance that appear temporary in nature.
- D. Minor difficulty. Child is working below grade level in at least one but not more than half of subject areas, indicating that the current educational plan may need modification. The child may be exhibiting minor truancy or school behavioral problems. If the child is not of mandatory school age and is not attending school, the child has minor cognitive developmental delays or is not meeting some of the goals of the early intervention plan.
- E. Major or chronic difficulty. Child is working below grade level in more than half of subject areas or is not meeting the goals of the existing educational plan, indicating that the current plan needs modification, or the child needs a specific educational plan and does not have one in place. Score this item for a child who is legally required to attend school and is not attending or who has been expelled or excluded from school. If the child is not of mandatory school age and is not attending school, the child has severe cognitive developmental delays or is not meeting any of the goals of the early intervention plan.

C6. Substance Use

Substances include alcohol, tobacco, and other drugs.

- A. No substance use. Child does not use alcohol, drugs, or other substances and is age-appropriately aware of consequences of use. Child is not in peer relationships or social activities involving alcohol or other drugs or chooses not to use despite peer-pressured opportunities to use. No demonstrated history or current problems related to substance use.
- B. Past experience. Child may have experience with alcohol or other drugs but there is no indication of sustained use.
- C. Situational concern. Child may have an isolated incident or experience with alcohol, tobacco, or other drugs that is not recurring.

- D. Current substance use. Child's alcohol or other drug use has resulted in problematic behavior at home, school, or in the community. Use may include multiple drugs. Child may be involved in peer relationships or social activities involving alcohol, drugs, or other substances.
- E. Frequent substance use. Child's frequent alcohol, drug, or other substance usage results in severe behavior disturbances at home, school, or in the community. Child may require medical intervention to detoxify.

C7. Sexual Behavior

Examples of sexually inappropriate behavior may include, but are not limited to, a child who engages in persistent self-stimulation, chronically acts out toward other children in sexually inappropriate ways, or engages in sexual contact with others.

- A. Healthy sexual adjustment and responsible behavior. Child displays no signs or history of sexual abuse or exploitation. Child exhibits developmentally appropriate sexual awareness and interest.
- B. Appropriate sexual adjustment and behavior. Child does not show any indications of their past sexual abuse and responds to treatment or intervention. Child may participate in age-appropriate sexual behavior or may show age-appropriate interest in sexuality.
- C. Situational concern. Child has begun to exhibit heightened interest or awareness of sexuality that may be a response to a change in situation or incident, such as inappropriate touching, comments, or language.
- D. Compromised sexual adjustment and behavior. Child is displaying inappropriate behavior due to known or suspected sexual abuse or exploitation. Behaviors may include more sexualized behaviors than same aged children, preoccupation with sexual themes, increased masturbation, or simulating sex acts.
- E. Severely compromised sexual adjustment and behavior. Child exhibits extreme sexualized behaviors which may include frequent masturbation or persistent sexually acting out behaviors toward others.

**C8. Peer/Adult
Social
Relationships
(Non-Family)**

- A. Strong social relationships. Child routinely interacts with social groups having positive support and influence, models responsible behavior, participates in constructive age-appropriate activities. Child engages actively with a positive support network that is comprised of at least one supportive, caring, non-family adult. Child displays age-appropriate solutions to social conflict.
- B. Adequate social relationships. Child frequently interacts with social groups having positive support and influence. Child displays age-appropriate social behavior and frequently participates in positive age-appropriate activities. Child engages with a positive support network. Child frequently displays age-appropriate solutions to social conflict.
- C. Situational concern. Child has a situational concern with peer or adult relationships as the result of an experience such as a new school, change of placement, or relationship loss that may require additional support.
- D. Limited social relationships. Child has limited peer or social relationships and limited adult support. Child demonstrates inconsistent social skills. Child has limited positive interactions with others and demonstrates limited ability to resolve conflicts. Child occasionally engages in high risk behaviors or activities.
- E. Severely limited social relationships. Child has severely limited or negative peer social relationships, has no or minimal non-family adult support, or is isolated and lacks access to a support network. Child is unable to resolve social conflict. Child chronically engages in high risk behaviors or activities.

**C9. Cultural/
Community
Identity**

- A. Strong cultural and community identity. Child relates positively to their cultural, ethnic, or religious heritage. Child identifies with and participates in cultural and community heritage, beliefs, and practices. Child expresses age-appropriate inquiries about their cultural and community identity.

- B. Adequate cultural and community identity. Child relates to their cultural, ethnic, or religious heritage. Child has a developing sense of identity with their cultural and community heritage. Child expresses an age-appropriate awareness of their cultural and community identity.
- C. Situational concern. Child has a situational concern related to the development of a positive cultural and community identity, which causes an interruption in progress toward achievement of such an identity.
- D. Limited cultural and community identity. Child has some conflict with their cultural, ethnic, or religious heritage. Child's sense of identity with their cultural and community heritage is limited. Child does not express an age-appropriate awareness of their cultural identity.
- E. Disconnected from cultural and community identity. Child lacks a sense of identity with their cultural and community heritage or has a sense of identity but their understanding of it results in negative self-concept, distorted perceptions about identity, or impaired social functioning.

**ASSESSMENT
DOMAINS AND
SCORING
DEFINITIONS FOR
CHILDREN AGES 10-
13 YEARS**

**C1.
Medical/Physical**

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

- A. Good health. Child has no known health care needs; child receives routine preventive and medical, dental, and vision care, immunizations, health screenings, and hygiene care. If child resided in a high-risk environment for lead exposure, the child has received a lead exposure screening. Child has knowledge of puberty and is not experiencing any related medical problems.

- B. Adequate health. Child has no unmet health care needs or has minor health problems, such as allergy shots or medications, that can be addressed with routine intervention. Age-appropriate immunizations, annual medical exams, and required health screenings are current. Child has some knowledge of puberty and is experiencing minor or no related medical problems.
- C. Situational concern. Child has one or more a special conditions or health concerns, such as lice, respiratory virus, ear infection, or bone fracture, that may require temporary medical treatment not anticipated to exceed 90 days, such as follow-up with medical personnel or administering of prescription or over-the-counter medications; or child has not received required immunizations or health screenings, including lead exposure if child resided in a high risk environment for lead exposure.
- D. Impaired health. Child has one or more medical conditions that may impair daily functioning, including severe asthma, eczema, or allergies, and requires ongoing interventions. This may include effects of prenatal drug exposure or effects of lead exposure. Child has limited knowledge of puberty or is experiencing some related medical problems.
- E. Severely impaired health. Child has one or more serious, chronic, or acute health conditions, such as failure to thrive, diabetes, cerebral palsy, or pronounced effects of lead exposure, that severely impairs functioning and requires ongoing intervention. Child has no knowledge of puberty or is experiencing significant related medical problems.

C2. Mental Health and Well-Being

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessments or services.

If the [MDHHS-5720, Trauma Screening Checklist \(Ages 6-18\)](#), was completed during this report period, the caseworker must summarize the results in this section; see [FOM 802, Mental Health, Behavioral, and Developmental Needs of Children Under the Supervision of MDHHS](#).

- A. Healthy emotional behavior and coping skills. Child consistently exhibits an age-appropriate range of emotional

behaviors. Child displays strong age-appropriate coping skills in dealing with disappointment, anger, grief, stress, and daily challenges in home, school, and community. Child is able to identify the need for, seek, and accept guidance. Child has a positive and hopeful attitude and readily adjusts to new situations.

- B. Appropriate emotional behavior and coping skills. Child generally exhibits an age-appropriate range of emotional behaviors. Child displays developmentally appropriate emotional coping responses that do not, or minimally, interfere with school, family, or community functioning. Child has age-appropriate ability to cope with a range of emotions and social environments. Child has ability to adjust to new situations.
- C. Situational concern. Child may demonstrate some symptoms reflecting situational sadness, anxiety, aggression, or withdrawal but maintains situationally appropriate emotional control. This does not include short-term, adverse reactions to parental visitation, but could include response to initial placement or re-placement such as temper tantrums, nightmares, loss of appetite, or bedwetting.
- D. Limited emotional behavior and coping skills. Child has some difficulty dealing with daily stresses, crises, or problems that interferes with family, school, or community functioning. Problems may include, but are not limited to, withdrawal from social interaction, flat affect, changes in sleeping or eating patterns, increased aggression, unusually low frustration tolerance, or frequent threats to run away.
- E. Severely limited emotional behavior and coping skills. Child has consistent difficulty in dealing with daily stresses, crises, or problems that severely impairs family, school, or community functioning. Child may have diagnosed psychiatric disturbance and may demonstrate severe behavior such as fire setting, suicidal behavior, violence toward people or animals, self-mutilation, or running away from placement.

C3. Family and Kin/Fictive Kin Relationships/ Attachments

Score the child's interaction with their family, including those individuals the child is related to or views as family. For children in

placement, base assessment on visits and other contact such as telephone contact or letters.

- A. Nurturing and supportive relationships and attachments. Child has positive interactions with and exhibits strong attachments to family, kin, fictive kin, or caregiver. Child has sense of belonging with family.
- B. Appropriate relationships and attachments. Child has positive interactions with and exhibits appropriate attachments to family, kin, fictive kin, or caregiver despite some minor conflicts.
- C. Situational concern. Child experiences temporary strain in interaction with family members. Child may be temporarily angry with the family or lacks desire for family interaction such as visitation or telephone contact. Child may threaten truancy if visit occurs or refuse to participate in family therapy.
- D. Limited relationships and attachments. Child does not have positive interactions with family and does not exhibit appropriate attachments to family, kin, fictive kin, or caregiver. Child does not have a sense of belonging with family.
- E. Severely limited or no relationships or attachments. Child does not interact, or has non-supportive, destructive interactions, with family. Child exhibits negative attachments to family, kin, fictive kin, or caregiver.

C4. Education

- A. Exceptional academic achievement. Child is working above grade level or is exceeding the expectations of the child's specific educational plan.
- B. Adequate achievement. Child is working at grade level or is meeting expectations of the child's specific educational plan.
- C. Situational concern. Child may demonstrate some school difficulties such as decreased concentration in the classroom, acting-out behavior, or regression in academic performance that appear temporary in nature.
- D. Minor difficulty. Child is working below grade level in at least one but not more than half of subject areas, indicating that the current educational plan may need modification. The child may be exhibiting some truancy or school behavioral problems.

- E. Major or chronic difficulty. Child is working below grade level in more than half of subject areas or is not meeting the goals of the existing educational plan, indicating that the current plan needs modification, or the child needs a specific educational plan and does not have one in place. Child is frequently truant. Score this item for a child who is legally required to attend school and is not attending or who has been expelled or excluded from school.

C5. Substance Use

Substances include alcohol, tobacco, and other drugs.

- A. No substance use. Child does not use alcohol, drugs, or other substances and is age-appropriately aware of consequences of use. Child is not in peer relationships or social activities involving alcohol or other drugs or chooses not to use despite peer-pressured opportunities to use. No demonstrated history or current problems related to substance use.
- B. Past experimentation. Child may have experience with alcohol or other drugs but there is no indication of sustained use.
- C. Situational concern. Child may have an isolated incident or experience with alcohol, tobacco, or other drugs that is not recurring.
- D. Periodic substance use. Child's alcohol or other drug use has resulted in problematic behavior at home, school, or in the community. Use may include multiple drugs. Child may be involved in peer relationships or social activities involving alcohol, drugs, and other substances.
- E. Frequent substance use. Child's frequent alcohol, drug, or other substance usage results in severe behavior disturbances at home, school, or in the community. Child may require medical intervention to detoxify.

C6. Sexual Behavior

Examples of sexually inappropriate behavior may include, but are not limited to, a child who engages in persistent self-stimulation, chronically acts out toward other children in sexually inappropriate ways, or engages in sexual contact with others.

- A. Healthy sexual adjustment and responsible behavior. Child displays no signs or history of sexual abuse or exploitation. Child exhibits developmentally appropriate sexual awareness and interest. Child has accurate knowledge of reproduction.
- B. Appropriate sexual adjustment and behavior. Child does not show any indications of their past sexual abuse and responds to treatment or intervention. Child may participate in age-appropriate sexual behavior or may show age-appropriate interest in sexuality. Child has some knowledge of reproduction.
- C. Situational concern. Child exhibits a heightened interest and awareness of sexuality that may be a response to a current change in situation or incident such as traumatic event, initial or change in placement, or too much stimulus in their environment.
- D. Compromised sexual adjustment and behavior. Child is displaying inappropriate behavior due to known or suspected sexual abuse or exploitation. Behaviors may include more sexualized behaviors than same-aged children exhibit, preoccupation with sexual themes, increased masturbation, or simulating sex acts. Child participates in sexual activities.
- E. Severely compromised sexual adjustment or reckless behavior. Child exhibits severe sexual dysfunction. Indicators may include perpetrating behaviors involving force or coercion, severe sexual preoccupation, compulsive masturbation, and sexual victimization. Child engages in high risk sexual behaviors and may become involved in illegal sexual activity such as prostitution or pornography.

C7. Life Skills

- A. Appropriate life skills. Child consistently demonstrates age-appropriate ability to feed, bathe, and groom themselves. Child manages daily routine without intervention.
- B. Adequate life skills. Child demonstrates some age-appropriate ability to feed, bathe, and groom themselves. Child may need occasional intervention with daily routine.
- C. Situational concern. Child may need intervention in daily routine due to temporary situation, such as physical injury.

- D. Limited life skills. Child does not consistently demonstrate age-appropriate ability to feed, bathe, and groom themselves. Child requires intervention with daily routines.
- E. Severely limited life skills. Child rarely demonstrates an age-appropriate ability to feed, bathe, and groom themselves. Child requires extensive or constant intervention and supervision to manage daily routine.

**C8. Peer/Adult
Social
Relationships
(Non-Family)**

- A. Strong social relationships. Child routinely interacts with social groups having positive support and influence, models responsible behavior, and participates in constructive age-appropriate activities. Child engages actively with a positive support network and has some close, positive relationships with adults. Child displays age-appropriate solutions to social conflict. Child does not exhibit any delinquent behavior.
- B. Adequate social relationships. Child frequently interacts with social groups having positive support and influence. Child displays age-appropriate social behavior and frequently participates in positive age-appropriate activities. Child engages with a positive support network. Child frequently displays age-appropriate solutions to social conflict.
- C. Situational concern. Child has a situational concern with peer or adult relationships as the result of an experience such as a new school, change of placement, or relationship loss that may require additional support.
- D. Limited social relationships. Child has limited peer or social relationships and limited adult support. Child demonstrates inconsistent social skills. Child has limited positive interactions with others and demonstrates limited ability to resolve conflicts. Child occasionally engages in high risk behaviors or activities.
- E. Severely limited social relationships. Child has severely limited or negative peer social relationships, has minimal or no adult support, or is isolated and lacks access to a support network. Child is unable to resolve social conflict. Child chronically engages in high risk behaviors or activities.

**C9. Cultural/
Community
Identity**

- A. Strong cultural and community identity. Child relates positively to their cultural, ethnic, or religious heritage. Child identifies with and participates in cultural and community heritage, beliefs, and practices. Child expresses age-appropriate inquiries about their cultural and community identity.
- B. Adequate cultural and community identity. Child relates to their cultural, ethnic, or religious heritage. Child has a developing sense of identity with their cultural and community heritage. Child expresses an age-appropriate awareness of their cultural and community identity.
- C. Situational concern. Child has a situational concern related to the development of a positive cultural and community identity, which causes an interruption in progress toward achievement of such an identity.
- D. Limited cultural and community identity. Child has some conflict with their cultural, ethnic, or religious heritage. Child's sense of identity with their cultural and community heritage is limited. Child does not express an age-appropriate awareness of their cultural identity.
- E. Disconnected from cultural and community identity. Child lacks a sense of identity with their cultural and community heritage or has a sense of identity but their understanding of it results in negative self-concept, distorted perceptions about identity, or impaired social functioning.

**ASSESSMENT
DOMAINS AND
SCORING
DEFINITIONS FOR
CHILDREN AGES 14
YEARS AND OLDER****C1.
Medical/Physical**

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

- A. Good health. Youth has no known health care needs; youth receives routine preventive and medical, dental, and vision care, immunizations, health screening. Youth consistently demonstrates good hygiene. Youth has knowledge of puberty and is not experiencing any related medical problems.
- B. Adequate health. Child has no unmet health care needs or has minor health problems, such as allergy shots or medications, that can be addressed with routine intervention. Age-appropriate immunizations, annual medical exams, and required health screenings are current. Youth has some knowledge of puberty and is experiencing minor or no related medical problems.
- C. Situational concern. Child has one or more a special conditions or health concerns, such as lice, respiratory virus, ear infection, or bone fracture, that may require temporary medical treatment not anticipated to exceed 90 days, such as follow-up with medical personnel or administering of prescription or over-the-counter medications, pregnancy testing, or testing for sexually transmitted diseases.
- D. Impaired health. Child has one or more medical conditions that may impair daily functioning, including severe asthma, eczema, or allergies, and requires ongoing interventions. This may include effects of prenatal drug exposure or effects of lead exposure. Youth has limited knowledge of puberty and is experiencing some related medical problems.
- E. Severely impaired health. Child has one or more serious, chronic, or acute health conditions, such as failure to thrive, diabetes, cerebral palsy, or pronounced effects of lead exposure, that severely impairs functioning and requires ongoing intervention. Youth has no knowledge of puberty and is experiencing significant related medical problems.

C2. Mental Health and Well-Being

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessments or services.

If the [MDHHS-5720, Trauma Screening Checklist \(Ages 6-18\)](#), was completed during this report period, the caseworker must summarize the results in this section; see [FOM 802, Mental Health](#),

[Behavioral, and Developmental Needs of Children Under the Supervision of MDHHS.](#)

- A. Healthy emotional behavior and coping skills. Youth consistently exhibits an age-appropriate range of emotional behaviors. Youth displays strong age-appropriate coping skills in dealing with challenges at home, school, and in the community. Youth is able to identify the need for, seek, and accept guidance. Youth has a positive and hopeful attitude and readily adjusts to new situations.
- B. Appropriate emotional behavior and coping skills. Youth generally exhibits an age-appropriate range of emotional behaviors. Youth displays developmentally appropriate emotional coping responses that do not, or minimally, interfere with school, family, or community functioning. Youth has age-appropriate ability to cope with a range of emotions and social environments. Youth has ability to adjust to new situations.
- C. Situational concern. Youth may demonstrate some symptoms reflecting situational sadness, anxiety, aggression, or withdrawal. Maintains situationally appropriate emotional control. This does not include short-term adverse reactions to parental visitation but could include response to initial placement or re-placement such as lack of impulse control, nightmares, or loss of appetite.
- D. Limited emotional behavior and coping skills. Youth has some difficulty dealing with daily stresses, crises, or problems that interferes with family, school, or community functioning. Problems may include, but are not limited to, withdrawal from social interaction, flat affect, changes in sleeping or eating patterns, increased aggression, unusually low frustration tolerance, threatened self-harm, or frequent threats to run away.
- E. Severely limited emotional behavior and coping skills. Youth has consistent difficulty in dealing with daily stresses, crises, or problems that severely impairs family, school, or community functioning. Youth may have diagnosed psychiatric disturbance and may demonstrate severe behavior such as fire setting, suicidal behavior, violence toward people or animals, self-mutilation, or running away from placement.

**C3. Family and
Kin/Fictive Kin
Relationships/
Attachments**

Score the youth's interaction with their family, including those individuals to whom the youth is related or the youth views as family. For youth in placement, base assessment on visits and other contact such as telephone contact or letters.

- A. Nurturing and supportive relationships and attachments. Youth has positive interactions with and exhibits strong attachments to family, kin, fictive kin, or caregivers. Youth has sense of belonging with family.
- B. Appropriate relationships and attachments. Youth has positive interactions with and exhibits appropriate attachments to family, kin, fictive kin, or caregivers despite some minor conflicts.
- C. Situational concern. Youth experiences temporary strain in interaction with family members. Youth may be temporarily angry with the family or lacks desire for family interaction such as visitation or telephone contact. Youth may threaten truancy if visit occurs or refuse to participate in family therapy.
- D. Limited relationships and attachments. Youth does not have positive interactions with family and does not exhibit appropriate attachments to family, kin, fictive kin, or caregivers. Youth does not have a sense of belonging with family.
- E. Severely limited or no relationships or attachments. Youth does not interact, or has non-supportive, destructive interactions, with family, and exhibits negative attachments to family, kin, fictive kin, or caregivers.

C4. Education

- A. Exceptional academic achievement. Youth is working above grade level or is exceeding the expectations of the youth's specific educational plan.
- B. Adequate achievement. Youth is working at grade level or is meeting expectations of the youth's specific educational plan.
- C. Situational concern. Youth may demonstrate some school difficulties such as decreased concentration in the classroom,

acting-out behavior, or regression in academic performance that appear temporary in nature.

- D. Minor difficulty. Youth is working below grade level in at least one but not more than half of subject areas, indicating that the current educational plan may need modification. The youth may be exhibiting some truancy or school behavioral problems.
- E. Major or chronic difficulty. Youth is working below grade level in more than half of subject areas or is not meeting the goals of the existing educational plan, indicating that the current plan needs modification, or the youth needs a specific educational plan and does not have one in place. Youth is frequently truant. Score this item for a youth who is legally required to attend school and is not attending or who has been expelled or excluded from school.

C5. Substance Use

Substances include alcohol, tobacco, and other drugs.

- A. No substance use. Youth does not use alcohol, drugs, or other substances and is age-appropriately aware of consequences of use. Youth is not in peer relationships or social activities involving alcohol or other drugs or chooses not to use despite peer-pressured opportunities to use. No demonstrated history or current problems related to substance use.
- B. Past experimentation. Youth may have experience with alcohol or other drugs but there is no indication of sustained use.
- C. Situational concern. Youth may have an isolated incident or experience with alcohol, tobacco, or other drugs that is not recurring.
- D. Periodic substance use. Youth's alcohol or other drug use has resulted in problematic behavior at home, school, or in the community. Use may include multiple drugs. Youth may be involved in peer relationships or social activities involving alcohol, drugs, and other substances.
- E. Frequent substance use. Youth's frequent alcohol, drug, or other substance usage results in severe behavior disturbances at home, school, or in the community. Youth may require medical intervention to detoxify.

**C6. Sexual
Behavior**

Examples of sexually inappropriate behavior may include, but are not limited to, persistent self-stimulation, chronically acting out toward others in sexually inappropriate ways, or engaging in high-risk sexual behavior.

- A. Healthy sexual adjustment and responsible behavior. Youth displays no signs or history of sexual abuse or exploitation. Youth exhibits developmentally appropriate sexual awareness, behavior, and interest. For example, accurate knowledge of reproduction, birth control, and sexually transmitted diseases.
- B. Appropriate sexual adjustment and behavior. Youth does not show any indications of their past sexual abuse and responds to treatment or intervention. Youth exhibits developmentally appropriate sexual awareness, behavior, and interest, such as some knowledge of reproduction, birth control, and sexually transmitted diseases.
- C. Situational concern. Youth exhibits a heightened interest and awareness of sexuality that may be a response to a current change in situation or incident such as a traumatic event, removal, or a change in placement.
- D. Compromised sexual adjustment or irresponsible behavior. Youth is displaying inappropriate behavior due to known or suspected sexual abuse or exploitation. Behaviors may include more sexualized behaviors than same aged youth, preoccupation with sexual themes, increased masturbation, or simulating sex acts. Youth may exhibit irresponsible sexual behavior such as unprotected sex or multiple partners.
- E. Severely compromised sexual adjustment or reckless behavior. Youth exhibits severe sexual dysfunction. Indicators may include perpetrating behaviors involving force or coercion, severe sexual preoccupation, compulsive masturbation, and sexual victimization. Youth may become involved in illegal sexual activity such as prostitution or pornography.

C7. Life Skills

- A. Appropriate life skills. Youth consistently demonstrates age-appropriate ability to feed, bathe, and groom themselves. Youth is able to manage money, do laundry, prepare meals, and

perform basic housecleaning activities. The youth manages daily routine without intervention.

- B. Adequate life skills. Youth demonstrates some age-appropriate ability to feed, bathe, and groom themselves. Youth has some ability to manage money, do laundry, prepare meals, and perform basic housecleaning activities. Youth may need occasional intervention with daily routine.
- C. Situational concern. Youth may need intervention in daily routine due to temporary situation, such as physical injury.
- D. Limited life skills. Youth does not consistently demonstrate age-appropriate ability to feed, bathe, and groom themselves. Youth has limited knowledge about money management, laundry, meal preparation, and basic housecleaning activities. Youth requires intervention with daily routines.
- E. Severely limited life skills. Youth rarely demonstrates an age-appropriate ability to feed, bathe, and groom themselves. Youth lacks knowledge about money management, meal preparation, and basic housekeeping tasks, or is unable to acquire such skills. Youth requires extensive or constant intervention and supervision to manage daily routine.

C8. Peer/Adult Social Relationships (Non-Family)

- A. Strong social relationships. Youth routinely interacts with social groups having positive support and influence, models responsible behavior, and participates in constructive age-appropriate activities. Youth engages actively with a positive support network and has some close, positive relationships with adults. Youth displays age-appropriate solutions to social conflict. Youth does not exhibit any delinquent behavior.
- B. Adequate social relationships. Youth frequently interacts with social groups having positive support and influence. Youth displays age-appropriate social behavior and frequently participates in positive age-appropriate activities. Youth engages with a positive support network. Youth frequently displays age-appropriate solutions to social conflict.
- C. Situational concern. Youth has a situational concern with peer or adult relationships as the result of an experience such as a

new school, change of placement, or relationship loss that may require additional support.

- D. Limited social relationships. Youth has limited peer or social relationships and limited adult support. Youth demonstrates inconsistent social skills. Youth has limited positive interactions with others and demonstrates limited ability to resolve conflicts. Youth occasionally engages in high risk behaviors or activities.
- E. Severely limited social relationships. Youth has severely limited or negative peer social relationships, has minimal or no adult support, or is isolated and lacks access to a support network. Youth is unable to resolve social conflict. Youth chronically engages in high risk behaviors or activities.

C9. Cultural/ Community Identity

- A. Strong cultural and community identity. Youth relates positively to their cultural, ethnic, or religious heritage. Youth identifies with and participates in cultural and community heritage, beliefs, and practices. Youth expresses age-appropriate inquiries about their cultural and community identity.
- B. Adequate cultural and community identity. Youth relates to their cultural, ethnic, or religious heritage. Youth has a developing sense of identity with their cultural and community heritage. Youth expresses an age-appropriate awareness of their cultural and community identity.
- C. Situational concern. Youth has a situational concern related to the development of a positive cultural and community identity, which causes an interruption in progress toward achievement of such an identity.
- D. Limited cultural and community identity. Youth has some conflict with their cultural, ethnic, or religious heritage. Youth's sense of identity with their cultural and community heritage is limited. Youth does not express an age-appropriate awareness of their cultural identity.
- E. Disconnected from cultural and community identity. Youth lacks a sense of identity with their cultural and community heritage or has a sense of identity but their understanding of it results in negative self-concept, distorted perceptions about identity, or impaired social functioning.

**C10. Independent
Living Services/
Needs**

- A. Youth is able to live independently. Based on all available information and assessment of the youth's functioning across all critical domains, the youth is able to live independently at this time.
- B. Youth is unable to live independently. Based on all available information and assessment of the youth's functioning across all critical domains, the youth is unable to live independently at this time.

1. Education

Adequate: Youth received either an A or B rating in CANS item C4. Youth is functioning and performing at or above grade level. Academic achievement is not a barrier to the youth's ability to live independently.

Inadequate: Youth received a rating of C, D, or E in CANS item C4. Youth is functioning below grade level or is experiencing situational difficulty related to school performance. Youth requires intervention and services to address educational needs in order to live independently.

2. Employment/Training

Adequate: Youth knows how to seek employment or is currently employed with sufficient income to meet their needs. Youth demonstrates positive work skills or is enrolled in a job-training program, or the youth is unemployed but demonstrates age-appropriate work skills or vocational interests.

Inadequate: Youth does not know how to seek employment or is not familiar with how to seek employment. Youth is underemployed or currently employed but is experiencing problems on the job that might affect current employment status. Youth does not demonstrate age-appropriate or realistic work skills, employment goals, or vocational interests.

3. Daily Living Skills

Adequate: Youth received either an A or B rating in CANS item C7. Youth demonstrates an ability to feed, bathe, and groom themselves without intervention with daily routine. Youth knows how to access

appropriate transportation when needed, including bus lines, taxis, or subways.

Inadequate: Youth received a rating of C, D, or E in CANS item C7. Youth lacks sufficient knowledge or ability to feed, bathe, and groom themselves. Youth needs services and intervention to improve daily living skills in order to live independently.

4. Preventive Health Services

Adequate: Youth received either an A or B rating in CANS item C1. Youth has no, or minor, unmet health needs. Youth possesses the ability to access preventive medical and dental services when necessary, such as annual physicals and periodic dental screenings. Youth knows how to access health related services including family planning and emergency or urgent care services

Inadequate: Youth received a rating of C, D, or E in CANS item C1. Youth has a medical condition or unmet health needs and does not possess the knowledge or ability to access necessary services without intervention. Youth is unaware of preventive health care needs such as routine dental exams or physicals. Youth lacks knowledge of available preventive health care services, including family planning and emergency or urgent care services.

5. Parenting Skills

Adequate: Youth has a child of their own and demonstrates appropriate parenting skills including nurturing, developmental knowledge, nutrition, and appropriate discipline. Youth is pregnant and demonstrates an understanding of parenting responsibilities and expectations. If youth is not pregnant or parenting, they demonstrate an understanding of family planning choices and responsible decision-making.

Inadequate: Youth has a child of their own and does not demonstrate responsible parenting skills or abilities. Youth is pregnant and does not have a plan for child rearing or does not demonstrate the skills necessary to parent a child. Youth is not pregnant or parenting but demonstrates poor skills or lacks knowledge of family planning issues and responsible behavior.

N/A-Young: Does not have children.

6. Money Management Skills

Adequate: Youth can manage financial resources appropriately and demonstrates budgeting skills, including prioritization of short and long-term expenses necessary for independent living.

Inadequate: Youth lacks knowledge and skills to manage money appropriately. Youth is not able to budget financial resources for short and long-term planning.

7. Housing/Community Resources

Adequate: Youth knows how to access housing and community resources as needed. Youth proactively plans for housing related needs such as utilities and furnishings. Youth utilizes housing and community resources when referred, or youth demonstrates the ability to follow through with referrals for assistance within the community related to housing assistance and provision of housing-related needs.

Inadequate: Youth lacks knowledge of housing resources. Youth accesses community resources but fails to comply with programs or services. Youth infrequently or inconsistently follows through with referrals or community services for housing assistance and housing-related needs. Youth refuses to access available community resources related to housing needs.

**PHYSICAL AND
COGNITIVE
DEVELOPMENTAL
MILESTONES**

	Physical	Cognitive
0-4 weeks	Lifts head briefly when on abdomen. Head momentarily to midline when on back. Equal extremity movements. Sucking reflex. Grasp reflex without reaching, and hands are usually closed. Increasing body tone and stabilization of basic body functions, growing capacity to stay awake.	Looks at face transiently. By 3 to 4 weeks, smiles selectively to mother's voice and human voice leads to quieting of cries. Cries if uncomfortable or in state of tension; undifferentiated initially, but gradually varies with cause, such as hunger, pain, or tiredness.

	Physical	Cognitive
1-3 months	Head to 45 degrees when on abdomen, erect when sitting. Bears fraction of weight when held in standing position. Uses vocalizations. By 2-3 months, grasps rattle briefly. Puts hands together. Head is more frequently to midline and comes to 90 degrees when on abdomen. Rolls side to back.	Increased babbles and coos. Most laugh out loud, squeal, and giggle. Smiles responsively to human face. Increases attention span. Able to visually track moving objects side to side and up and down. While lying on back, will wave arms toward a toy dangling from above.
3-6 months	Rolls from abdomen to back, then from back to abdomen. Bears increasing weight when held in standing position. No head lag when pulled to sitting. By 3-4 months, many reach for objects, suck hand or fingers. Head, eyes, and hands work well together to reach for toys or human face.	Spontaneously vocalizes vowels, begins to make consonant sounds such as da, ga, ka, and ba. Makes sounds to show joy or displeasure. Smiles or coos at image in mirror. Inspects objects with hands, eyes, mouth. Recognizes familiar people or objects from a distance.
6-9 months	Crawls with left-right alternation. Takes solid food well. Sits without support. Able to support full weight when standing while holding caregiver's hands for support and balance. Picks up small objects, like crumbs, using all fingers in a raking motion. Picks up a toy with fingertips and thumb with a space visible between toy and palm.	Imitates speech sounds. Babbles repetitive syllables such as ba-ba, da-da, or ga-ga. Beginning sense of humor. Responds to tone of voice and will stop an activity briefly when told "no." Will look for the source of a loud sound. Responds to own name. Bangs a toy up and down on the floor or table.
9-12 months	Walks with support from caregiver or by using furniture to cruise. Stands briefly and takes a few uneasy steps. Most have neat pincer grasp. Most can drink from sippy cup unassisted. While holding onto furniture, can bend down, pick up a toy, and return to standing position.	Correctly uses mama or dada. Understands simple commands such as "give it to me." Plays pat-a-cake, peek-a-boo, or similar nursery game. Bangs together objects held in each hand. Can find an object after seeing it hidden, such as after seeing a toy covered with a blanket.
12-15 months	Stands well alone, walks well, stoops and recovers. Neat pincer grasp. Can put a ball in a box and a raisin in a bottle. Can build a tower of two cubes. Spontaneous scribbling with palmer	Three to five word vocabulary. Uses gestures, such as pointing, to communicate. Vocalizing replaces crying for attention. Understands "no." Shakes head for no. Sense of me and mine. 50% imitate household tasks.

	Physical	Cognitive
	grasp of crayon. Throws with forward arm motion.	Assists with dressing by pushing arms through sleeves or lifting foot for shoe, sock, or pant leg.
15-18 months	Runs stiffly. Walks backwards. Attempts to kick. Climbs on furniture. Crude page turning. Most use spoon well. 50% can help in little household tasks. Most can take off pieces of clothing.	Vocabulary of about ten words. Uses words with gestures. 50% begin to point to body parts. Vocalizes "no." Points to pictures of common objects, such as a ball or dog. Knows when something is complete such as waving good-bye. Knows where things are or belong. More claiming of mine. Beginning distinction of you and me but does not perceive others as individuals like self. Resistant to change in routine. Autonomy expressed as defiance. Words are not important discipline techniques.
18-24 months	While holding on, walks up stairs, then walks down stairs. Turns single pages. Builds tower of 4-6 cubes. Most copy vertical line. Strings beads or places rings on spindles. Helps dress and undress self. Can wash and dry hands. Most can do simple household tasks.	Markedly increased vocabulary (mostly nouns). Consistently points to body parts. Combines two to three words. Names pictures of common objects. Follows simple directions. Matches colors frequently but uses color names randomly. Uses number words randomly. May indicate wet or soiled diapers. Asks for food or drink. Understands and asks for more or another. Mimics real life situations during play. Self-centered, but distinguishes between self and others. Conscious of family group.

	Physical	Cognitive
2 Years	Jumps in place with both feet. Most throw ball overhead. Can put on clothing; most can dress self with supervision. Can use zippers, buckles, and buttons. Most are toilet trained. Good steering on push toys. Can carry a breakable object. Can pour from one container to another. By 30 months, alternates feet on stair climbing, pedals tricycle, briefly stands on one foot, builds eight cube tower, proper pencil grasp, imitates horizontal line.	Learns to avoid simple hazards such as stairs and stoves. By 30 months, vocabulary reaches 300 words. Identity in terms of names, gender, and place in family are well established. Uses "I," but often refers to self by first name. Phrases and 3-4 word sentences. By 36 months, vocabulary reaches 1000 words, including more verbs and some adjectives. Understands big vs. little. Interest in learning, often asking, "What's that?"
3 Years	Most stand on one foot for 4 seconds. Most hop on one foot. Most broad jump. Toilets self during daytime. By 38 months, draws picture and names it. Draws two-part person.	Counts to three. Tells age by holding up fingers. Tells first and last name, though foster children may not know last name. Most answer simple questions. Repeats three or four digits or nonsense syllables. Readiness to conform to spoken word. Understands turn taking. Uses language to resist. Can bargain with peers. Understands long vs. short. By end of third year, vocabulary is 1500 words.
4-5 Years	Most hop on one foot, skip alternating feet, balance on one foot for 10 seconds, catch bounced ball, does forward heel-toe walk. Draws three-part person. Copies triangles and linear figures. May have continued difficulty with diagonals and may have rare reversals. Most dress independently other than back buttons and shoe tying. Washes face and brushes teeth. Laces shoes.	By end of fifth year, vocabulary is over 2000 words including adverbs and prepositions. Understands opposites such as day and night. Understands consecutive concepts such as big, bigger, biggest. Lots of why and how questions. Correctly counts five to ten objects. Correctly identifies colors. Dogmatic and dramatic. May argue about parental requests. Good imagination. Likes silly rhymes, sounds, and names. Beginning sense of time in terms of yesterday, tomorrow, sense of how long an hour is, and other concepts related to time. Increasingly elaborate answers to questions.

	Physical	Cognitive
6-11 Years	Practices, refines, and masters complex gross and fine motor and perceptual skills.	Concrete operational thinking replaces egocentric cognition. Thinking becomes more logical and rational. Develops ability to understand others' perspectives.
12-17 Years	Physiological changes at puberty promote rapid growth, maturity of sexual organs, and development of secondary sex characteristics.	In early adolescence, precursors to formal operational thinking appear, including limited ability to think hypothetically and to take multiple perspectives.
		During middle and late adolescence, formal operational thinking becomes well developed and integrated in a significant percentage of adolescents.

POLICY CONTACT

Direct questions about this policy item to the [Child Welfare Policy Mailbox](#).